

A

2nd Notice

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**
This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Julian Miller

C BUILDING BR2

Name (Print)

Housing Location

4-12-61

393626

2-16-04

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)?

My arch on my feet
has dropped. I cannot sleep at night
for the pain and throbbing. I'm also
barely making it from the building to
eat chow.

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S: You have been seen 2x on this matter. Arch
Sports has been ordered just takes 2x while pending approval
Cant taking medication given 2x by new judge

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

Scheduled for chronic care in March (beginning) [Signature]

A:

P:

Note: 3-17-04 I Julian spoke to Cpt HENRY
Regarding the medical aspect of my situation
AND how it was affecting the relationship
with security i.e. How long it took me to get
E: from the building to the Chow hall and
when I go straight up to get a tray instead
of waiting behind 90 or so people, it sometimes

looked at AS a problem with some of the
guards. She told me she couldn't do anything
more. it was a medical issue.

3/1/99 DE01

FORM#:

MED

Date & Time

B

3rd Notice

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

2079
Julian Miller

C BLOC - B-RZ

Name (Print)

Housing Location

4-12-61

393626

2-22-04

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having?)

The medication that was issued to me for the pain in my feet does absolutely nothing. I cannot sleep at night because of the pain in my feet.

Julian Miller

2-22-04

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

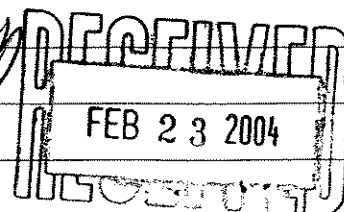
A: You are scheduled to see Medical Pfizer
 Note: 4-26-04 Lt. RIDER took me to medical

to see why no one had responded to my
 P: medical needs. There Dr. Ali and one
 of the ASSISTANT NURSES told Lt. RIDER
 that I was on the list to see Dr. Ali
 the next day. (4-27-04) Today

5-1-04 and I haven't seen

E: her yet nor have I

came up on the list.



Provider Signature & Title

Date & Time

C

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

Offender Name : MILLER, JULIAN A **SBI# :** 00393626 **Institution :** DCC
Grievance # : 2044 **Grievance Date :** 03/04/2004 **Category :** Individual
Status : Unresolved **Resolution Status :** **Inmate Status :**
Grievance Type: Health Issue (Medical) **Incident Date :** 01/27/2004 **Incident Time :** 00:00
SC : Merson, Lise M **Housing Location :** Bldg C, Tier B, Cell R2, Top

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Feet began to ache on the bottom around the arch. on 2/4/04 Ioama ordered arch supports and i still haven't received them and my situation is worsening every day.

Remedy Requested : I am an indigent inmate and I would like at least to try those arch supports. I'm probably going to need a special shoe or sneakers though.

INDIVIDUALS INVOLVED

Type	SBI #	Name
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ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES **Date Received by Medical Unit :** 03/12/2004
Investigation Sent : 03/12/2004 **Investigation Sent To :** Kratsas, Gina
Grievance Amount :

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 2044	Grievance Date : 03/04/2004	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 01/27/2004	Incident Time : 00:00
GC : Merson, Lise M	Housing Location :Bldg C, Tier B, Cell R2, Top	

INFORMAL RESOLUTION

Investigator Name : Kratsas, Gina

Date of Report 03/12/2004

Investigation Report :

Reason for Referring:

Offender's Signature: Julian Miller

Date

: 3/25/04

Witness (Officer)

: Janyth Hestrop RN, HSA

Arch supports given to inmate on 3/22/04
Schedule Flu & Dr Alie.

Inmate seen today 5/4/04
Does not qualify for medically
purchased shoes. Continue Arch supports
prn. See chart for bull note.

Dr. Alie
5/4/04

Resolved

D

4th Notice

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

1255
Julian Miller

Name (Print)

4-12-61

Date of Birth

393626

SBI Number

BUILDING BR 2

Housing Location

3-9-04

Date Submitted

Complaint (What type of problem are you having)?

My feet are still
 keeping me awake most of the night
 throbbing. They are swollen also.
 I have not received the arch support
 that I HOMA said she ordered on 2-4-04

Julian Miller

Inmate Signature

3-9-04

Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: _____

Pulse: _____

Resp: _____

B/P: _____

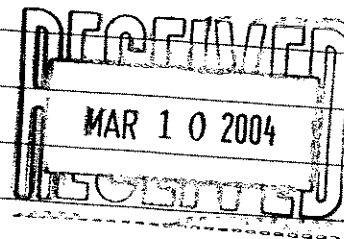
WT: _____

A:

Scheduled to see Medical P. Gonyea

P:

E:



Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

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E

DR. HILL

According to the GRIEVANCE COMMITTEE'S INTER-MEDIATE in my case, I'm supposed to be scheduled to see you in the VERY NEAR future. Teri Hastings - whom I saw ~~2-26-04~~ said she would schedule me an appointment in order to get my ~~GRIEVANCE~~ GRIEVANCE RESOLVED. I am writing to acquaint you with my situation. In JANUARY my feet began hurting around the arch area. Feb 4th I had ordered arch supports. And within MARCH my feet and ankles began to swell at night along with pounding or throbbing all through the night. MARCH 22 my arch supports came but by now my arches had fallen. MARCH 4th I filled out a grievance because I was in pain and I did feel to be getting "adequate treatment". MARCH 25th I saw Teri Hastings in regards to my grievance. By that time my feet and legs to my calf were swollen. They usually sat at night and recede once I was up moving around, but now they remain swollen for different times. The arch supports that I have do not do anything but make my feet ache after I wear them for any length of time. The thing is I received them too late. My arch had already dropped when I got them. I gonna need either sneakers along with the supports, or corrective shoes. Also, what medicine they had ordered me for to take for pain they discontinued; but the pain is

Thank you for your time
J. Hill

164170
Julius Miller

(C) B12

Dr. Miller

we will schedule you to be
evaluated by me to determine whether
you are eligible to get medical shoes
or not.

Mr Miller,

5/3/04

F

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 2919	Grievance Date : 04/19/2004	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 01/27/2004	Incident Time : 00:00
C : Merson, Lise M	Housing Location : Bldg C, Tier B, Cell R2, Top	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: I would like to be examined to see if there's more going on with my feet then just fallen arches. I've been in pain now for 3 months. I can't sleep at night because of the pain in my feet legs and up. My calves swell when i lay on my side. I was supposed to be scheduled to see dr. alie sinfce march 25 as a result of my first grievance, but I haven't seen her yet.

medy Requested : I know I need corrective shoes and or sneakers. But I would also like to be checked to see what other damage has been done and why my feet and leg stay swollen.

INDIVIDUALS INVOLVED

Type	SBI #	Name

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 04/26/2004
Investigation Sent : 04/26/2004	Investigation Sent To : Hastings, Terry L
Grievance Amount :	

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 2919	Grievance Date : 04/19/2004	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 01/27/2004	Incident Time : 00:00
IC : Merson, Lise M	Housing Location :Bldg C, Tier B, Cell R2, Top	

INFORMAL RESOLUTION

Investigator Name : Hastings, Terry L

Date of Report 04/26/2004

Investigation Report :

Reason for Referring:

Inmate seen by Dr. Alie on 5/4/04 Started on
new med. for postherpetic neuralgia (gabapentin)

Offender's Signature:

Julian Miller

Date

: 5-7-04

Witness (Officer)

: Edith Ruviera, RN

G

14525

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Julian Miller

C BLDG BRZ

Name (Print)

4-12-61

Date of Birth

393626

SBI Number

Housing Location

5-24-04

Date Submitted

Complaint (What type of problem are you having)?

My medication was discontinued 5-4-04 for pain and I still am in pain. I can't sleep over two hrs. without my feet throbbing. Plus my legs and feet swell up in my sleep.

Julian Miller

Inmate Signature

5-24-04

Date

The below area is for medical use only. Please do not write any further.

S: Scheduled for mid level provider 5/25/04

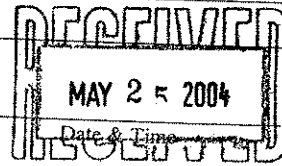
O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title



3/1/99 DE01

FORM#:

MED

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